DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: CCS-101

Page 1 of 2

As a below named inventor, I hereby declare that:

the specification of which:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEM FOR AUTOMATING BUSINESS PURCHASING FUNCTIONS VIA A GLOBAL COMPUTER NETWORK

[x]	is attached hereto	** '. 1			
[]	was filed on		s Application Number		
	PCT International Ap	plication Number	and was a	mended on	(if applicable).
includi	I hereby state that I hing the claims, as amend	ave reviewed and under led by any amendment		the above identified	specification,
materia	I acknowledge the dual to the patentability of	ty to disclose to the U.S this application in acco			
designation design	I hereby claim foreign application(s) for pater ated at least one country reign application for pater afore that of the applicat	other than the United Sent or inventor's certific	te or 365(a) of any PC States of America, list cate or of any PCT int	CT international app ted below and have a	lication which also identified below
					Priority Claimed
					[] Yes [] No
(Nu	mber)	(Country)	Month/Day/Ye	ar Filed	
•		•	·		
(Nu	mber)	(Country)	Month/Day/Ye	or Filed	_[] Yes [] No
(114)	•	, -,	_		
applica	I hereby claim the beation(s) listed below.	nefit under Title 35, Un	ited States Code, §119	θ(e) of any United S	tates provisional
60/205,857		May 19, 2000			
(Application Number)		(Filing Date)			
each of the ma	I hereby claim the bestional application design of the claims of this application provided by the first to patentability as of the national or	ication is not disclosed it st paragraph of 35 U.S. defined in 37 C.F.R. 1.50	s of America, listed be in the prior United Sta C. 112, I acknowledg 6 which became avail	elow and, insofar as ates or PCT internati e the duty to disclos- able between the fili	the subject matter of onal application in e information which
	arent Application Γ Parent Number	Parent Fili (MM/DD/)	_	Parent (if appl	Patent Number icable)
		-			

DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: CCS-101

Page 2 of 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637 and Douglas M. McAllister, Registration No. 37,886, of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full name of first in	ventor:	Patrick Callahan		
Inventor's Signature	Y Velle		Date: 5-3-01	_
Residence:	Wilton CT		Citizenship: USA	_
	(City)	(State or Foreign	Country)	
Post Office Address	: 449 Ridgefield (Post Office Ad	Road, Wilton, CT 068 ldress) (C		
Full name of secon	d inventor:	Michael Nydell		
Inventor's Signature		felle	Date: 5 3 0 l	_
	<i>\(\begin{align*} \text{\$\left(\text{\text{\$\left(\text{\$\texit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exit{\$\text{\$\text{\$\text{\$\exit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exit{\$\exit{\$\text{\$\text{\$\exit{\$\</i>			
Residence:	Newtown	CT	Citizenship: USA	_
	(City)	(State or Foreign	(Country)	
Post Office Address	50 Coder Hill D	oad Newtown CT 06	6470	
1 Ost Office 1 taurest	(Post Office Ac		City) (State & Zip Code/Country)	